

NOTICE OF TERMINATION

(PLAN NAME)

(EMPLOYER NAME)

NAME OF TERMINATED PARTICIPANT: _____

MAILING ADDRESS: _____

NUMBER STREET

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH

DATE OF HIRE DATE OF TERMINATION

\$ CONTRIBUTIONS YEAR-TO-DATE DATE OF LAST DEFERRAL

\$ OUTSTANDING PARTICIPANT LOAN BALANCE

NUMBER OF HOURS WORKED IN PLAN YEAR OF TERMINATION \$: _____

COMPENSATION RECEIVED IN PLAN YEAR OF TERMINATION: \$ _____

OUTSTANDING LOAN BALANCE, IF APPLICABLE \$ _____

REASON FOR TERMINATION:

- [] Retirement
[] Death
[] Disability - Has the participant applied for disability benefits under Social Security? YES _____ NO _____
[] OTHER _____

IF LEGALLY MARRIED, PLEASE COMPLETE THE FOLLOWING:

NAME OF SPOUSE SPOUSE'S DATE OF BIRTH

DATE: _____ BY: _____
PLAN ADMINISTRATOR

NOTE: RETURN THIS FORM TO: BENEFIT ADMINISTRATION CORPORATION
955 N Street
Fresno, CA 93721